

ISSUE SLIP STA. AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DR	202X13	8-4-99
O.I.P.E. CLASSIFIER		20	8/12
FORMALITY REVIEW	DB	65373	8/24/99

uv

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 / (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	3/12
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
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